



## **DHHS WAIVER ADVISORY COMMITTEE** **MEETING MINUTES**

**Date:** March 19, 2013      **Time:** 1:00 pm – 3:00 pm      **Location:** McKimmon Center, Raleigh, NC

MEETING CALLED BY		Deby Dihoff, Acting Chairman			
TYPE OF MEETING		DHHS Waiver Advisory Committee (DWAC)			
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Peggy Terhune	Monarch	<input checked="" type="checkbox"/>	Ken Marsh	DMHDDSAS – LME Team	<input checked="" type="checkbox"/>
Margaret Stargell	Coastal Horizons Center, Inc.	<input checked="" type="checkbox"/>	Kathy Nichols	DMA Waiver Pgms Mgr	<input checked="" type="checkbox"/>
Jack Naftel, MD	NC Physicians Association	<input type="checkbox"/>	Beverly Bell	DMA Contract Manager	<input checked="" type="checkbox"/>
Rosemary Weaver	State CFAC	Call In			
Carol Messina	State CFAC	Call In			
Susan Monroe	Local CFAC	<input checked="" type="checkbox"/>			
Marc Jacques	Local CFAC	<input checked="" type="checkbox"/>			
Deby Dihoff	NAMI	<input checked="" type="checkbox"/>			
Ellen Perry	IDD Advocate	<input checked="" type="checkbox"/>			
Tony Sowards	SA Advocate	<input checked="" type="checkbox"/>			
Cherene Allen-Caraco	Mecklenburg’s Promise	<input type="checkbox"/>	GUEST		
Lois Cavanagh-Daley	NC CANSO	<input type="checkbox"/>	NAME	AFFILIATION	
Arthur C. Wilson	Transylvania Co.	Call In			
Vacant	County Commissioner Assoc.	<input type="checkbox"/>			
Brian Ingraham	Smoky Mtn. LME	<input checked="" type="checkbox"/>			
Ken Jones	Eastpointe LME	<input type="checkbox"/>			
Carol Steckel	DMA Director	<input type="checkbox"/>			
Kelly Crosbie	Chief of DMA Operations	<input checked="" type="checkbox"/>			
Jim Jarrard	DMH/DD/SAS Acting. Director	<input checked="" type="checkbox"/>			
U. Nenna Lekwauwa	DMHDDSAS Medical Director	<input checked="" type="checkbox"/>			

**1. Agenda topic: Welcome and Approval of Minutes/Chair Housekeeping Items      Presenter(s): Deby Dihoff**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>September 2012 minutes approved with no changes.</li> <li>Since last meeting, Lee Smith as DWAC Chair resigned, due to responsibilities.</li> <li>Calling In: Artie Wilson, Carol Messina, Rosemary Weaver</li> <li>Election held as there were no requirements regarding a quorum. Deby Dihoff elected Chairman of Committee. Marc Jacques elected Vice-Chair.</li> <li>Membership rotation to be postponed until next year; bring forward again in October.</li> <li>2013 DWAC calendar. Discussed changing meetings to quarterly. To remain monthly for the next three months then determine future schedule.</li> <li>Meetings will no longer be held at McKimmon Center due to budget restraints. In process of locating a space that meets our needs. Will communicate to members/public prior to next meeting.</li> <li>Members previously eligible for travel reimbursement will no longer be able to receive reimbursement, again due to budget restrictions. Noted that the cuts most affect consumers who need it the most.</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
N/A			

## 2. Agenda topic: Review of Past Year

**Presenter(s): Deby Dihoff**

<b>Discussion</b>	<ul style="list-style-type: none"><li>• Comments<ul style="list-style-type: none"><li>○ This past year has been a learning year. Discuss we need to determine how to manage information we are receiving. How to focus on different disabilities, understanding of waivers, what are components, service management, care coordination, providers, payments. Biggest accomplishment is what has been learned over past year and learning what challenges MCOs have run into after they have gone live.</li><li>○ Noted that some opportunities have been missed.</li><li>○ Concern shared by Ellen Perry that, while her life has been better, others may not be as fortunate. Some individuals are having trouble getting community guides to do what they need to do. Need booklets on How to do this. Wants to encourage educating the MCOs and keeping an eye on how the waiver affects individuals and families.</li><li>○ It was determined that numerous tasks were completed over past year</li><li>○ From consumer perspective, as data comes in, it is at that point we can review and best determine how to use it. Would like to see more data.</li><li>○ Many concerns raised over the mission of the Committee, whether the tasks are getting done. Goal was to provide suggestions/recommendations, around what. Is there a need for this committee to continue to meet regularly?</li><li>○ Thoughts are we are past the presentation phase. Time to provide input. Focus of committee was to provide consultation, implementation.</li><li>○ DMA –<ul style="list-style-type: none"><li>▪ Last year was about implementation are we are still implementing. Working now on business processes, payment, how providers are being affected. How consumers doing, do services mean anything, (Medicaid perspective) strong provider network, what can providers be doing for consumers, service array, are they helping or not, are surveys working or not, healthcare outcomes, what do consumer surveys say, what are performance improvement projects, what are the interesting things MCOs/providers doing. Currently bogged down in are providers getting paid, reports to general assembly.</li><li>▪ Open to items constituents are asking for. Accessing system, crisis continuum any good. Advise on what is working.</li><li>▪ Advisory body to provide input and consultation over following: implementation, ongoing LME/MCO operations, Medicaid managed care, innovations LME operations, review quarterly/annual report summaries on LMEs performance, consultation on local and statewide system goals, trend data, highlight areas of best practice, problem identification and resolution.</li></ul></li></ul></li><li>• Frustration expressed that same inquires/needs all along. Service system needs more community support type of services. System still behaving the same way. Budget cuts – protect their clinical staff. SAIOP, SACOT great programs but not all survive ride to hospital. PEER Respite, etc. have been proven to be helpful. Recovery systems have been proven to save money. Outcomes for people who live in community and would rather not go to hospital.</li><li>• LME/MCO –<ul style="list-style-type: none"><li>○ In going from unmanaged to managed system a great deal has changed. Frustration- having to reorganize the way system has evolved, having to make changes to levels of care, continuums to get there financially. Will eventually be able to spend money the way they want. Would like to increase Medicaid rate for psych. Until they are able to rearrange, they can't do it.</li></ul></li><li>• Would like to bring in consumers, providers, see evidence based practice</li><li>• Frustrations have been heard. What we can do around prevention, evidence based, despite conversation around budget cuts.</li><li>• Inquiry regarding who put this committee together. (Stakeholder input) Ask Dept. to check with the Secretary. Stakeholders groups poled and asked to offer names. Check to see if that is what she wants, then put committee back on focus.</li><li>• Quality Strategy – sent to Provider Organizations. Framework provide feedback. Use that information to create outline</li></ul>
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	<ul style="list-style-type: none"> <li>Concerns about keeping rural areas of State in focus.</li> <li>Question raised whether IDD, self determination, assessments – was movement part of the assessment tool. Are IDD individuals making progress in their lives</li> <li>Concerns raised over care coordination.</li> <li>Future agenda: 1) Start with request regarding checking with Secretary. Clarification on purpose to determine meeting frequency.</li> <li>2) Calendar – next three months then possibly go to quarterly, revisit after April. Meet in April if place secured. Meetings to remain monthly for now.</li> <li>Phone Contact List – Members to submit changes if they don't want their information posted.</li> <li>Jim Jarrard – glad we are meeting again, appreciate everyone at table and willing to continue to be part of it.</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<input type="checkbox"/> Dept. to check with Secretary and report back. <input type="checkbox"/> Committee Members to offer with finding a meeting site.	DMA & DMH Assigned Staff	4/15/2013	

### 3. Agenda topic: Waiver Update

**Presenter(s): Kathy Nichols, DMA**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>DMA introduced new staff               <ul style="list-style-type: none"> <li>(Contract Managers) - Beverly Bell, – DWAC rep.; Renee Radar, Lisa Jackson, Adolph Simmons – Dedicated to Quality .</li> </ul> </li> <li>99 of the 100 counties are under the 1915 (b)(c) waiver – Guilford goes live April 1.</li> <li>Everyone under the same contract except Cardinal, they will soon be as well.</li> <li>DOJ settlement requirements included with new contracts.</li> <li>Past initial transition phase, still doing some monitoring.</li> <li>Next phase performance contracting.</li> <li>Performance Monitoring, weekly status updates – paying clean claims, complaints and grievances, turnaround times for authorizations.</li> <li>Monthly reports – financial, medical loss ratio, paying clean claims within required timeframes.</li> <li>Quarterly Reports</li> <li>External Quality Review organization – outside agency doing oversight of the regulations. Record reviews, chart reviews. Reports are available for WHN, ECBH, Smoky have had theirs, results are posted. The others have not been in operation long enough to have had these reviews.</li> <li>Monitoring</li> <li>Work groups – clinical policy</li> <li>LME/MCO Progress</li> <li>Pilot Projects</li> <li>Performance Improvement Projects</li> <li>Rapid Resource contract, wrap around therapeutic services</li> <li>HB 916 – SIS and Resource Allocation Model. Aggregate funding.</li> <li>Innovations Plus – SIS Assessment expected to be completed June or July.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li></li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>None</li> </ul>			

**4. Agenda topic: Ideas for Standardization****Presenter: Deby Dihoff**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Vision and underlying concept of waiver is great. Have a system that can roll funds into expanded services.</li> <li>• Problem in implementation – Everything expected to be consistent across State. We have evolved to 11 different systems.</li> <li>• Port Human Service – Tom Savidge – Enrollment, Care Coordination, Authorization, Payments</li> <li>• Enrollment, authorization, payment issues,</li> <li>• Enrollment - not uniform - different for each MCO.</li> <li>• Licensed clinicians – required to enroll with DMA then with each LME/MCO. Different requirement to enroll with MCO, Having to enroll with 11 different.</li> <li>• Authorizations – Uniform authorization request systems and perhaps benefit package. (Unmanaged visits)</li> <li>• Care Coordination – lack of understanding – Education for all</li> <li>• Payments – denials – time lags so errors duplicated before clearing them up</li> <li>• Special Programs – Residential Treatment, Pregnant Women with Addictions – all have different requirements.</li> <li>• Implementation Details – huge problems for people, can be dealt with.</li> <li>• Suggestion made to bring some people in to address these issues.</li> <li>• Noted that there are groups working on some of these issues. Dr. Lekwauwa's office open to anyone who wants to address some of these issues. Request made for a report on some of the results.</li> <li>• LME/MCOs are meeting and desire to advance standardization process particularly claims processing.</li> <li>• Inquiry as to whether recommendations from DWAC go to leadership and can we make them stick.</li> <li>• Concerns about Clean Claims. Definition discussed.</li> <li>• Frustration that there are not enough community guides and they need to be trained. Request for list of community guides and list of providers.</li> <li>• Need to determine what subcommittees are out there looking at standardization and what are they doing.</li> <li>• Brian Ingraham to present to the Committee in April on what the council is doing. Specific activities. Questions, who is doing what</li> </ul>				
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**5. Agenda topic: Subcommittee Report****Presenter: Peggy Terhune**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Subcommittee was tasked with reviewing the States Due Process. Subcommittee was to look at ways to get information to families and individuals in a simple and meaningful way.</li> <li>• Task is complete, rewriting to make final changes.</li> </ul>				
<b>Conclusions</b>					
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**6. Agenda topic: Agenda****Presenter: Deby Dihoff**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Psychiatric Association &amp; Psychological Association working on Report on how to improve things for that particular stakeholders group and make recommendations to DWAC.</li> <li>• Tom Savidge, Port Human Services give a few more examples – coordinate with NC Council/MCO group.</li> <li>• Invite Benchmarks (another provider also) – Peggy – Deby to work with Ken on this (NCPC)</li> <li>• Carol Steckel present on RFI Results</li> <li>• Review minutes for items noted</li> <li>• Change to the Charge of Committee</li> <li>• Brian Ingraham – Council efforts.</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
•			

**7. Agenda topic: Public Comments****Presenter: Deby Dihoff**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Dan Coughlin, Council of Community Programs, Interim Director, (invited by the DWAC Chair to make a few comments; based upon the Waiver Update presentation). If we don't solve these problems the future of LME-MCOs is in the balance. System cannot continue as things are. Credibility and trust need to be repaired. Need to work on concrete material fixes. Try to pull this out of the fire. Proposed getting solid representation from all concerned (stakeholders, etc.) and work together to find solutions. Identification and resolution.</li> <li>• Mary Short – Taylorsville, Alexander County <ul style="list-style-type: none"> <li>○ Has received 100+ calls from families who have come under the (c) waiver. Concerns with use of Administrative Decisions from MCOs regarding 40 hour per week of service from families. Individuals/families have no ability to appeal decisions. Feels families being picked on and never wanted managed care waiver.</li> <li>○ Questioned clinical policy for IDD</li> <li>○ Requested recommendation from committee that state stop hitting on families.</li> </ul> </li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
• None			

**Meeting Adjourned****Next Meeting: Wednesday, April 24, 2013, 1:00 p.m. – 3:00 p.m.**